



STATE OF CALIFORNIA  
DEPARTMENT OF FISH AND GAME  
OFFICE OF SPILL PREVENTION AND RESPONSE



## INITIAL SITE SAFETY PLAN

### SECTION A: SITE INFORMATION

SITE NAME		DATA COLLECTOR		DATE	TIME
SOSC		PHONE NUMBER	SAFETY OFFICER		PHONE NUMBER
<input type="checkbox"/> Inland Response	<input type="checkbox"/> Marine Response	<input type="checkbox"/> Drill/Training	<input type="checkbox"/> Other	PCA	INDEX
WEATHER					
<input type="checkbox"/> Calm	<input type="checkbox"/> Breezy	<input type="checkbox"/> Windy	Temp. Range _____	<input type="checkbox"/> Clear	<input type="checkbox"/> Fog
<input type="checkbox"/> Rain	<input type="checkbox"/> Snow				

### SECTION B: CHEMICAL INFORMATION

CHEMICAL NAME	CHEMICAL STATE		APPROX. VOLUME RELEASED
	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas/Vapor		
CHEMICAL PROPERTIES			
<input type="checkbox"/> Flammable	LEL _____ %	UEL _____ %	Flashpoint _____
<input type="checkbox"/> Toxic	PEL _____ ppm – mg/m <sup>3</sup>	STEL/Ceiling: _____ ppm – mg/m <sup>3</sup>	Current Level _____ %
<input type="checkbox"/> Reactive	Incompatible(s): _____		
<input type="checkbox"/> Corrosive	pH _____ (If known)	<input type="checkbox"/> Acid	<input type="checkbox"/> Base
		<input type="checkbox"/> Neutral	
DIRECT READING LEVELS		OTHER CHEMICALS PRESENT	
CO _____	VOCs _____	H <sub>2</sub> S _____	_____
LEL _____		O <sub>2</sub> _____	_____
EXPOSURE / TOXICOLOGY			
<input type="checkbox"/> Inhalation	<input type="checkbox"/> Absorption	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Injection
<input type="checkbox"/> Asphyxiant	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Sensitizer	<input type="checkbox"/> Eye / Skin / Respiratory Irritant
<input type="checkbox"/> Mutagen	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Carcinogen / Teratogen /	

### SECTION C: EMERGENCY RESPONSE

Medical Facility	NAME	PHONE
Med. Facility Location		
Phone / Comm Sys. Available		
First Aid Kit Location		
Fire Extinguisher Location		
Eye Wash / Deluge Shower Location		

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Evacuation Area

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Evacuation Route

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**SECTION D: HAZARD IDENTIFICATION**

HAZARD TYPE	HAZARD DESCRIPTION
<input type="checkbox"/> Slips / Trips / Falls	
<input type="checkbox"/> Lifting / Material Handling	
<input type="checkbox"/> Equipment / Machinery	
<input type="checkbox"/> Open Trench	
<input type="checkbox"/> Electrical	
<input type="checkbox"/> Insect	
<input type="checkbox"/> Animal	
<input type="checkbox"/> Other Biological	
<input type="checkbox"/> Heat Stress	
<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> On / Over Water	
<input type="checkbox"/> Overhead Hazards	
<input type="checkbox"/> High Pressure (tanks / lines)	
<input type="checkbox"/> Elevated Work / Falls	
<input type="checkbox"/> Traffic	
<input type="checkbox"/> Night Operations	
<input type="checkbox"/> Noise	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**SECTION E: PPE**

<input type="checkbox"/> Level D	<input type="checkbox"/> Level C	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Nomex	<input type="checkbox"/> Work Gloves	<input type="checkbox"/> PFD	<input type="checkbox"/> Safety
Boots	<input type="checkbox"/> Safety Glasses / Goggles	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Safety Vest	<input type="checkbox"/> Respirator	<input type="checkbox"/> CPC	
<input type="checkbox"/> Chem. Boots	<input type="checkbox"/> Chem. Gloves	<input type="checkbox"/> Other:				

**SECTION F: DECONTAMINATION**

<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Dry	<input type="checkbox"/> Full	<input type="checkbox"/> Emergency	<input type="checkbox"/> Equipment
Location					

